MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 09/123.253

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

MULTIPLE DEPENDENT CLAIM
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
10 1		1				
10 2						
10 3						
10 4						
10 5						
10 6						
10 7						
10 8		1				
10 9		1				
1 10		1				
1 11		1				
1 12		1				
1 13		1				
1 14						
1 15						
1 16						
1 17						
1 18						
1 19						
1 20						
1 21		1				
1 22		1				
1 23		1				
1 24		1				
1 25						
1 26		6				
1 27		15				
1 28						
1 29						
1 30						
1 31						
1 32						
1 33						
1 34						
1 35						
1 36						
1 37		1				
1 38		1				
1 39		1				
1 40		1				
1 41						
1 42						
1 43						
1 44		1				
1 45		1				
1 46		1				
1 47		1				
1 48		1				
1 49						
1 50						
Total Indep	2					
Total Depend	44					
Total Claims	46					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

2 of 2